

DATE: _____

REQUEST FOR REZONING



NAME: _____

ADDRESS: _____

PHONE: _____

PROPERTY OWNER IF DIFFERENT THAN ABOVE: _____

LOCATION OF PROPERTY YOU ARE REQUESTING TO BE REZONED (ATTACH MAP):

EXACT LEGAL DESCRIPTION OF PROPERTY:

CURRENT ZONING: _____

PROPOSED ZONING: _____

PROPOSED USE OF PROPERTY (ATTACH SITE PLAN):

Applicant's Signature

NONREFUNDABLE FEE: \$250

RECEIPT # _____

TO CITY COUNCIL: _____

TO PLAN COMMISSION: _____

PUBLICATION DATES: _____